Initiating a Field Medical Car

US Field Medical Card (DD Form 1380)

- the Field Medical Card (FMC), is part of official and permanent medical treatment records
- aids medical treatment staff by having a record of patient care initiated, prior to the patient's arrival to the medical facility
- this record may prevent accidental medication overdose, alert the receiving medical facility to any special patient care needed for treatment, and provides an accurate record of care already given

Field Medical Card
DD Form 1380

- field medical cards are issued as a pad of 10 cards
- each pad contains an original card, a carbon protective sheet, and a duplicate
- reviewed by and signed by supervising medical officer
- prepared on all casualties treated in a theater of operations
- each FMC has a copper wire that is used to fasten the card to the casualty's uniform

Field Medical Card
DD Form 1380

Block 1

1. LAST NAME, FIRST NAME / NOM ET PRENOM	RANK/GRADE		MALE/HOMME
Powers, Mark	SSG/E-7		FEMALE/FEMME
SSN / NUMERO MATRICULE	SPECIALTY CODE / GPM		RELIGION/RELIGION
123-45-6789	11 B		Catholic

<u>Name</u> Enter casualty's name in last name, first name, middle initial format

<u>Rank</u> Enter abbreviation of casualty's rank (SGT, CPT)

<u>SSN</u> Enter Casualty's social security number. If the casualty is a member of a foreign military, or prisoner of war, enter military service number instead. Leave blank if not in military

<u>MOS</u> Enter casualty's military occupation specialty (MOS) code if enlisted or area of concentration (AOC) if an officer in the box titled "SPECIALTY CODE/GPM"

<u>Sex</u> Mark the appropriate box to the left of "MALE / HOMME" "FEMALE / FEMME

Block 3

If casualty is suffering trauma (battle casualty), mark box “BC/BC”

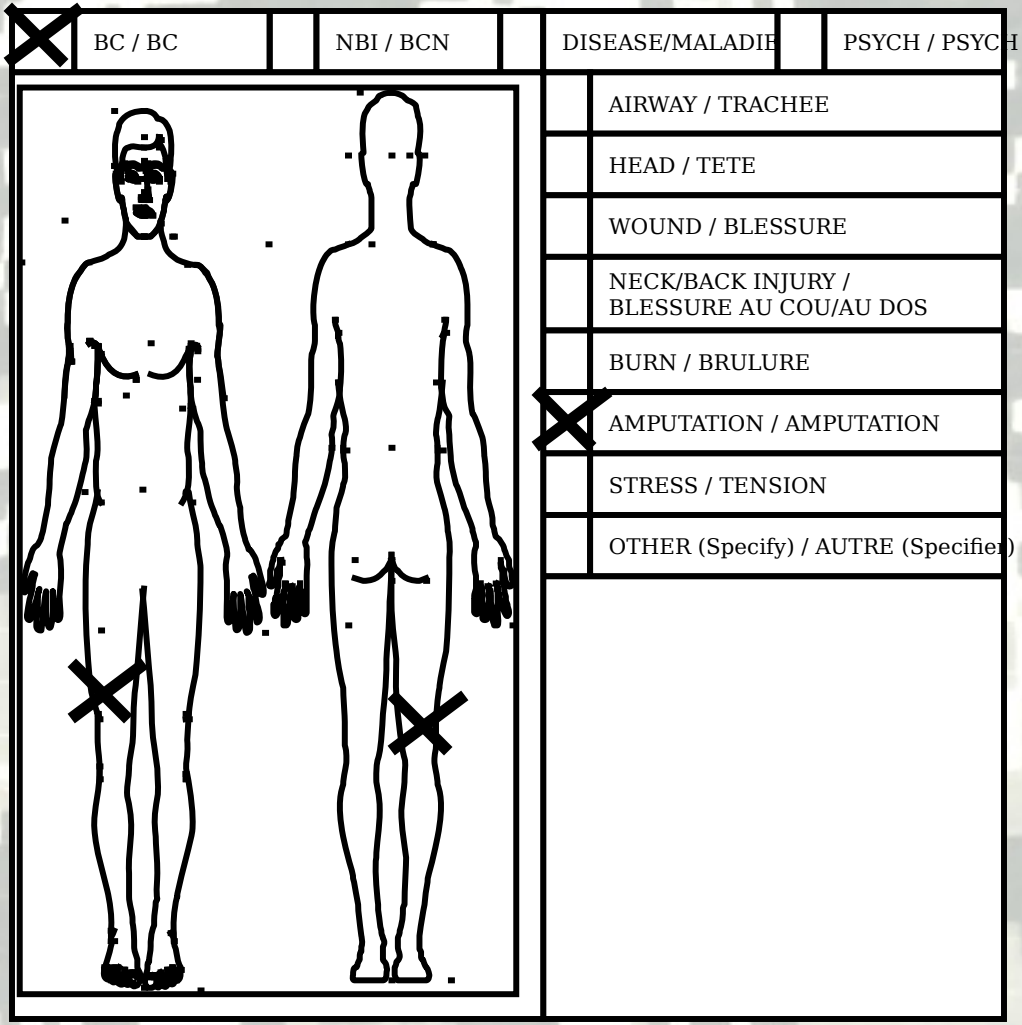
If non battle injury, mark box “NBI/NBI”

If casualty is ill and is not classifiable as one of the other three categories, mark box “DISEASE/MALADE”

If casualty is suffering from combat stress or other psychological injury, mark box “PSYCH/PSYCH”

Mark figures to show location of injuries (entry and exit)

Mark appropriate box or boxes to describe casualty’s injuries



Block 4

4. LEVEL OF CONCIOUSNESS / NIVEAU DE CONSCIENCE			
X	ALERT / ALERTE		PAIN RESPONSE / REPONSE A LA DOULER
	VERBAL RESPONSE / REPONSE VEBALE		UNRESPONSIVE / SANS REPONSE

Check appropriate box for level of consciousness

AVPU system

Block 9

9. TREATMENT/OBSERVATIONS/CURRENT MEDICATIONS/ALLERGIES/NBC (ANTIDOTE)
TRAITEMENT/OBSERVATIONS/PRESENTE MEDICATION/ALLERGIES/ANTIDOTES

Tourniquet applied to R leg above knee. IV x (1) bag (Hextend) L forearm, 18 gauge, wide open. Bandage applied over stump. Casualty states he has allergy to penicillin.

Enter a brief description of the treatment given
Use approved abbreviations if possible
If needed, use block 14 for additional space

Authorized Abbreviations

- Abraded wound – Abr W
- Contused wound – Cont W
- Fracture (compound) open – FC
- Fracture simple (closed) – FS
- Fracture (compound) open comminuted - FCC
- Gun shot wound – GSW
- Lacerated wound – LW
- Multiple wounds – MW
- Penetrating wound – Pen W
- Perforating wound – Perf W
- Severe – SV
- Slight - SL

Block 11

11. PROVIDER/UNIT / OFFICIER MEDICALE/UNITE	DATE/DATE *(YYMMDD)*
MN	

Enter your <u>initials</u> (not your name) in the far right of the signature box of Block 11

Do not enter anything in the date box. This box is completed by the medical officer

Secondary Information (Front of Form)

If you have time, you can also fill out some of the other blocks on the front of the form after you have filled in the primary five blocks

Block 2

2. UNIT / UNITE	HHC 2/325th AIR, 82nd ABN DIV			
FORCE / ELEMENT				NATIONALITY / NATIONALITÉ USA
A/T	AF/A	N/M	MC/M	

Enter the casualty's unit

Enter the casualty's country, for example "USA"

Check the appropriate armed service element. Mark the "A/T" box for Army, "AF/A" for Air Force, "N/M" for Navy,

Block 5/6

5. PULSE / POULS	TIME / HEURE	6. TOURNIQUET / GARROT	TIME / HEURE
		NO / NON ☐ YES / OUI ☒	080314 / 1830

<u>Skip Block 5</u> since you have not been taught how to obtain an accurate pulse rate

<u>BLOCK 6:</u> If a tourniquet was applied, mark the YES block. If not applied, leave blank
If you checked "YES", enter date in YYMMDD format and the time in 24-hour time that the tourniquet was applied

Block 7

7. MORPHINE / MORPHINE ☐ NO / NON ☐ YES / OUI	DOSE / DOSE	TIME / HEURE	8. IV / IV	TIME / HEURE

<u>Block 7</u> is to be used by the medic

Block 8

7. MORPHINE / MORPHINE ☐ NO / NON ☐ YES / OUI	DOSE / DOSE	TIME / HEURE	8. IV / IV	TIME / HEURE
			Hextend	**080314/1845**

If an intravenous infusion (IV) has been initiated:

Write the type of IV fluid (Hextend) in the “IV/IV” box

Write the date and time that the IV solution was begun in the “TIME/HEURE” box. Write the date in YYMMDD format and the time in 24-

Block 10

10. DISPOSITION / DISPOSITION		RETURNED TO DUTY/RETOUR A L'UNITE	TIME/HEURE
	X	EVACUATED/EVACUE	080314 / 1915
		DECEASED/DECEDE	

Check the box in front of the appropriate disposition (Return to Duty, Evacuated or Deceased)

Enter the date (YYMMDD) and time (military) of the disposition in the "TIME/HEURE" box

Reverse Side of the Field Medical Card

The reverse side of the Field Medical Card is normally filled out by medical personnel or other personnel once the casualty reaches a medical treatment facility, such as a battalion aid station (BAS). Your self study book contains a discussion on these blocks. Since you will not be involved in filling them out, they will not be covered in this lesson

12. REASSESSMENT / REASSESSMENT				
DATE/DATE *(YYMMDD)*		TIME OF ARRIVAL / HEURE D'ARRIVÉE		
TIME / HEURE				
BP / PS				
PULSE / POULS				
RESP / RESP				

DATE/TIME DATE/HEURE	13. CLINICAL COMMENTS/DIAGNOSIS L'INFORMATION MEDICALE/DIAGNOSTIQUES
	14. ORDERS/ANTIBIOTICS (*Specify*)/TETANUS/IV FLUIDS DIRECTIVES MEDICALES/ANTIBIOTIQUES ((*Specifier*))/TETANOS/IV FLUIDE

15. PROVIDER / OFFICIER MEDICALE	DATE/DATE *(YYMMDD)*

16. DISPOSITION / DISPOSITION		RETURNED TO DUTY / RETOUR A L'UNITE	TIME / HEURE
		EVACUATED / EVACUE	
		DECEASED / DECEDE	

17. RELIGIOUS SERVICES SERVICES RELIGIEUX		BAPTISM / BAPTISE		PRAYER / PRIERE
		ANOITING / ONCTION		COMMUNION / COMMUNION
		CONFESSION/CONFESSION		OTHER / AUTRE

CHAPLAIN / CHAPILAIN	

Check On Learning

CHECK ON LEARNING
Initiate FMC

- What are the five blocks in which you would make entries (primary information) when initiating a Field Medical Card? 1, 3, 4, 9, 11
- The Field Medical Card contains two languages. What are they? English, French
- What is the date format used on the Field Medical Card? YYMMDD

Questions?

Written Performance Examination

Written Performance Examination

INSTRUCTIONS: **Read the scenario below. Then fill out the FMC for the casualty using the simulated form on page 7-18 in your book.**

You have 5 minutes to complete the FMC

SCENARIO: **The casualty's name is Thomas J. Smith. He is a PFC (E-3) and an Infantryman (MOS 11B) in the Army. He states that his SSN is 555-08-7773 and that he is Roman Catholic. He has suffered a gun shot wound to his right shoulder. The entrance and exit wounds have been dressed and bandaged. He is in pain, but alert.**